

Lititz Christian School

PARENTAL CONSENT, CERTIFICATION & MEDICAL AUTHORIZATION

General Information (please print)

Student's full name _____ Birth Date _____ Shirt Size: _____

Student's home address _____

Home phone # _____ Parent(s) E-mail Address: _____, _____

Father's preferred contact # _____ Mother's preferred contact # _____

Father's name _____ Mother's name _____

Address (if different address than above) _____

Insured Parent's Employer _____

Hospitalization Insurance Company _____

Hospitalization Policy # _____

Address of Insurance Company _____

Person to be contacted if neither parent can be reached _____

Phone # of above person _____

Physician preferred _____ Hospital preferred _____

**Medical Treatment Authorization
Consent & Certification**

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my child in all of the regularly scheduled sports/club activities of the Lititz Christian School of Lititz, Pennsylvania. Further, I certify that my child is physically fit (except as noted above) and adequately trained to participate in such events.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the school will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the school in the event of any health changes which would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I hereby give consent for my son/daughter to engage in sports/club activities as a representative of Lititz Christian School for the activities checked on this form. I also give consent for my student to accompany the team as a member to away games/contests that may take place. I will assume all responsibility for the treatment of injuries not covered by school insurance, and the replacement of lost equipment that has been assigned to him/her during participation in this program.

Signature of Parent/Guardian

Date

**Parent-Guardian Advisory/Consent & Release
For Student Athletic Participation**

PARENTS: (Please initial each statement showing you are in agreement with it).

_____ I consent to have my son/daughter represent Lititz Christian School in approved athletic/club activities except those activities excluded by the examining doctor.

_____ I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of town trips. The athlete will be transported to and from all events in school approved vehicles. Parents/guardians wishing to have their son/daughter traveling with them when returning from an event must make written arrangements with the coach.

_____ In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In an emergency, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization covers major surgery when decreed necessary prior to surgery by two licensed physicians or dentists.

_____ I agree not to hold Lititz Christian School or anyone acting on its behalf responsible for any injury, or its treatment, occurring to my son/daughter in the proper course of such athletic activities or travel.

_____ I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.

Date: _____

Signature _____
(Father/Legal Guardian)

Date: _____

Signature: _____
(Mother/Legal Guardian)

EXPLANATION OF INHERENT RISKS AND PARTICIPATION AGREEMENT FOR Interscholastic Athletics

Note: Parents must sign this form before any athlete may participate in interscholastic, practices or games.

Sports are exciting, but often they involve forceful contact with the ground or another player. Sports are also frequently played during hot, humid seasons. Because of these conditions inherent to sports, participating in them may expose an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints, and tendons; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological, and social abilities, including the ability to earn a living. In the event of an emergency requiring medical attention; I grant permission for any immediate treatment deemed necessary by the attending physician. This authorization covers major surgery when decreed necessary prior to surgery by two licensed physicians or dentists.

I/We have read the information above concerning the risks of playing. I/We understand and assume all risks associated with trying out, practicing, or playing. I/We further agree to hold Lititz Christian School and its employees, representatives, coaches, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with participation in any activity related to participation on the Lititz Christian School athletic team(s). In signing this form, I/we assume the inherent risks of athletics and waive future legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

Signature of athlete: _____ Date: _____

Signature of parent or legal guardian: _____

Fee Schedule 2021-22 school year
Athletic (Soccer, volleyball, and basketball): \$70
Ultimate Frisbee Club: \$20

Parent signature: _____

Sports/Club Fee Amount: _____: Date paid: _____

Please circle: Cash or Check: Check # _____

Thank you.

Please submit payment with this form and make all checks payable to Lititz Christian School.